

BIBLIOGRAPHICAL NOTICES.

XII. *Des Hémorroïdes et de la Chute du Rectum.* Par ALM. LEPELLETIER, de la Sarthe, Professeur de Physiologie et de Pathologie; Membre de l'Académie Royale de Médecine, Ex-Chirurgien en Chef à l'Hôpital du Mans. Paris, 1834. pp. 168. 8vo.

The term hemorrhoid has been applied to so great a variety of distinct affections, by different writers on the diseases of the anus and rectum, and there is so little possibility of comprehending what particular form of tumour is intended when the word is employed without an express definition, that we have sometimes been inclined to desire that it could be entirely banished from the terminology of surgery. Some surgeons rank with hemorrhoids those tumours of the anus which arise from indurations, or from infiltrations of lymph or serum into the cellular tissue; others include those simple extravasations of blood, which, when seated immediately beneath the integument, are thought to occasion the preternatural pouches of Physick; and when more deeply seated, form tumours of more or less extent, in consequence of their becoming incysted, but without preserving, in either case, any direct connexions with the vessels which originally gave rise to the extravasation.

Another class of tumours of analogous appearance, perhaps enjoying greater claims to this title, are those which consist of pouches of cellular tissue, into which injections may be made to flow either from the veins or arteries. Proper varices, and new formations of a truly erectile character, are still more frequent causes of enlargements styled hemorrhoidal, but which, like the others just mentioned, are by no means peculiar to the rectum. If we add the swellings resulting from dilatation of the arterial capillaries, described by Kirby, we shall have a list of different affections sufficiently distinct and numerous, all known to occur very frequently about the anus or rectum, yet differing in no respect from parallel changes of structure noticed in other parts of the body.

After a general description of the anatomy of the rectum, M. Lepelletier notices this confusion, and the peculiar views of many writers who would confine the term hemorrhoid to one or other of these alterations to the exclusion of the others. In order not to change the generally adopted denomination, he then limits the title to tumours of sanguine character, which he reduces to two essential forms; 1st, erectile tumours, and 2d, varicose tumours.

We confess that in order to arrive at precision in speaking of rectal diseases, there appears to us no alternative between the universal application of the word hemorrhoid to every well defined tumour of that intestine, and its total rejection. As it regards our author's distinction, it is certain that a swelling from capillary dilatation is a sanguineous tumour, so also is an ecchymosis, yet are they neither varices nor erectile formations. On the other hand, a varicose condition of the whole rectum, perhaps extending to the sigmoid flexure of the culun, or higher, may almost obliterate the rectum; yet although it differs in no essential particular from the hemorrhoidal ring so often observed at the anus, when it

arises from the same alteration in the veins it cannot be called a hemorrhoidal tumour. Moreover, as the author himself infers, in several places, the two essential forms of the disease are different in their prognosis, their symptoms, and their treatment. In other words, they are distinct affections, and had they been treated distinctly, in the work before us, the treatise would have been more perspicuous and satisfactory. The anatomical structure of the anus, and the arrangement of the hemorrhoidal vessels impress a peculiar character on the progress and necessary treatment of all diseases of the inferior extremity of the alimentary canal, but without changing their nature; and the first part of the work of M. L. is devoted to the effects of this structure and arrangement upon varices and accidental erectile formations of the anus and rectum, the subject being arranged under the several heads of causes, symptoms, progress, complications, terminations, analogies, prognosis, treatment, and convalescence. We shall not attempt to follow the author regularly, but, after stating that the whole subject is handled in a manner as satisfactory as the shortness of the essay and the difficulties already stated would permit, we shall confine ourselves to a brief notice of some points of more especial interest.

Under the head of particular symptoms, p. 38, we find the following elements for a diagnosis of the two forms of hemorrhoids. Erectile humours are generally external, sometimes simple, more frequently numerous, and scarcely ever form a complete ring around the anus. Possessing little sensibility when unexcited, they often appear pale and shrivelled, or resemble an empty purse. In a state of erection, they are highly reddened, produce a sensation of distention and pain, more or less acute, particularly when touched. Their erection, particularly in plethoric patients, occurs frequently without local irritation or compression. It is a true raptus of the circulation rather than the result of hyperemia or hypostasis.

"The tumour is formed sometimes of a small and more or less compact mass of cavernous, erectile, vascular tissue, and sometimes of a true cyst, unilocular or multilocular, of which the parietes are susceptible at once of sanguineous perspiration and erection. Injections reach these cysts and tumours, both by the arteries and by the veins—a disposition which explains the vast quantity of blood which these hemorrhoids can yield, particularly when invaded by ulceration." p. 39.

Cæteris paribus, this first variety presents the greater regularity of periodical flux, under the influence of constitutional plethora, and is more likely to cause dangerous organic degenerations, such as cancer, fungus hematomæ, &c.

We shall not pause to notice the description of the tumours of varicose origin—the recent researches into the alterations of structure in the veins have fully explained the non-occurrence of continued hemorrhages from incisions into certain varices, by proving that portions of these tubes are frequently cut off from all connexion with the route of circulation; which arrest of the hemorrhage furnished one of the strongest arguments with those who formerly denied the venous character of hemorrhoids in all cases.

Varicose hemorrhoids, though less subject to fluxion from periodical hyperemia, are not entirely exempt from it, but they are proportionally more liable to be influenced by mechanical obstructions, particularly such as retard the re-

turn of the blood through the branches or the main trunk of the inferior mesenteric vein.

The sanguineous discharge sometimes comes on gradually, augments by degrees, and then declines in a similar manner, each attack continuing for five or six days. This is most common in the erectile variety. At other times the flow is sudden and continued, as in venesection, and this is most frequently the case in ruptures of varicose hemorrhoids. When the amount of the discharge is justly proportioned to the excitement and plethora attendant on the paroxysm, the effect is often highly beneficial, and sometimes relieves other and much more serious complaints, which have resisted all plans of treatment. This is the form of hemorrhoid which it is often dangerous to arrest. But when the discharge is profuse, and produces or is attended by a general anemic condition—especially when it is caused by hypostasis, its cure, if possible, should always be accomplished.

In speaking of the character of the discharge, the author shuns the exclusive views which have caused so much contention in the profession.

“Experience shows, in fact, that the hemorrhoidal flux, such as we have defined it, sometimes presents the appearance of red blood—above all, when it is produced by erectile tumours—at other times, black blood, when it is more especially connected with varices. Moreover, this coloration, as well as the fluidity of the flux, may be modified according to its detention for a longer or shorter period in the varicose enlargements, the erectile cysts or in the cavity of the rectum.” p. 50.

M. Lepelletier adds his testimony to the fact that the habitual paroxysmal discharge frequently disappears at an advanced age, marking a crisis in men, somewhat analogous to the cessation of the menses in females, at which period certain obstinate diseases, such as herpes, rheumatism, and gout are very apt to appear. The peculiar type of the paroxysms throws considerable light on the courses of the hemorrhoidal flux, and should never be neglected in determining the plan of treatment. The continued type is observed almost exclusively in cases of mechanical obstruction to the circulation through the veins, which may arise from stone in the bladder, enlargements of the prostate, uterogestation, tumours of the pelvis, chronic diseases, and profound alterations of the liver and spleen, &c. The remittent type results from similar causes, when the mechanical obstructions are variable in their action, as may be particularly noticed in cases of habitual constipation. In the intermittent type, when the intervals are irregular, the attacks are commonly symptomatic of general plethora, or some local irritation—they are very rarely the consequence of mechanical obstruction, except when they result from occasional costiveness, but they are sometimes critical in gout, rheumatism, intestinal neuralgia, &c. When the paroxysms occur at regular intervals, they often correspond exactly with the changes of the seasons, and at others, they are menstrual, without its being possible fully to explain the cause. The duration of an attack may vary from a few days to many months, p. 52. These remarks are sufficient to show the folly of attempting the cure of most cases of hemorrhoids by purely surgical measures, without reference to the internal or general affections of which they are so frequently the consequence.

Passing over the author's remarks on the complications and terminations of these complaints, we reach the section on their analogies, which contains some observations of high interest.

M. L. first cautions us against mistaking for hemorrhoids those blue marginal swellings which, he says, "are nothing but portions of relaxed mucous membrane falling below the anus and in a state of hyperemia from a mechanical stasis under the influence of the pressure produced by the parietes of this opening." p. 59. We entertain different views of the precise nature of these blue eminences, (see *Americano Cyclop. of Pract. Med. and Surg. Art. Anus, Anatomy of*), but in proof of the possibility of mistaking a slight degree of true prolapsus ani for a hemorrhoidal tumour, we will merely state that we have known of a recent case, under the charge of a very able practitioner, in which the patient narrowly escaped the application of a ligature for the removal of a partially strangulated mucous fold, which was reduced with the utmost facility and returned no more.

Hemorrhoids are a common attendant on stone in the bladder and enlarged prostate, and may sometimes mask these affections. The same remark holds good with regard to uterine disease, and it may be laid down as a rule, that in all cases of rectal, vesical, urethral, or uterine uneasiness, when the cause of the symptoms cannot be detected in the part where the uneasiness is located, we ought carefully to search for the presence of hemorrhoids. A very curious case is mentioned at page 61, in which domestic difficulty and hardship resulted from neglect of this precaution on the part of an accoucheur, who was consulted by the husband on account of the complaints of the wife, who suffered excruciating pain in coitu. No disease of the genital organs was discoverable, and the complaints were attributed to caprice. The woman was maltreated for some time, until another practitioner detected several extremely sensitive hemorrhoidal tumours on the recto-vaginal septum, nearly opposite the neck of the uterus. These were successfully treated, and all difficulty ceased. Other valuable cases illustrating the same point are appended.

Under the head of treatment, the author considers the contra-indications as well as the indications of cure. The latter are ranged under three heads:—1st, to moderate the hemorrhoidal flux; 2d, to palliate the accidents relative to tumours of the same name; 3d, to destroy completely these last.

In fulfilling the second indication, the author strongly recommends the direct application of leeches, unless the parts are in a high state of inflammation; in which case he considers this plan, or the scarification of the tumours, highly dangerous, and advises the employment of similar measures externally on the perineum. For the prevention of the involuntary expulsion of the tumours he recommends an ovoid pessary, which he also uses in prolapsus ani—and he speaks highly of its success. The general experience of the profession has been by no means favourable to the employment of instruments of this character.

When in cases of strangulation the taxis is ineffective or improper, he recommends the division of the sphincter, and states that this is one of the cases which may require a definitive operation; but the general rule, that it is improper to operate on parts in a state of high inflammation—a rule strictly enforced

in this treatise—should render us very cautious in resorting to the latter alternative.

The author then proceeds to review the several modes of operating for the destruction of the tumours, by “incision, resection, compression, cauterization, ligature, and excision.” It is impossible to analyze this portion of the work within the space allotted us, and we must content ourselves with a few passing comments. Under the head of compression, the author speaks highly of a suppository invented by M. Caron Duvillards, which is said to be applicable to cases in which all other surgical measures are positively contra-indicated. Certainly an instrument of so much importance deserved either a description in the work or a reference to a description to be found elsewhere. M. Lepelletier has favoured us with neither. The author is by no means favourably disposed toward the ligature, and it is singular that he should think it applicable only to cases of *external hemorrhoids* in timid patients. The fear of the terrible nervous irritation, and the symptoms of strangulation which sometimes supervene upon the use of the ligature, causes him to reject it in cases of internal hemorrhoids—the very cases in which, if it be applied at a proper time and in a proper manner, those consequences are least likely to occur. We have never seen these accidents except when portions of the skin or lining membrane of the anus below the margin of the internal sphincter have been included in the ligature. The remarks on excision are very interesting. The serious consequences that frequently follow operations of this character are fairly stated. The symptoms and effects of concealed hemorrhage are graphically described, and several cases are appended which show the manner and extent of controul which we possess over this most alarming accident.

Not the least important, though one of the shortest sub-sections of the work, is that on the management of convalescents, which contains an account of the necessary precautions against the recurrence of the tumours, a subject too generally overlooked by the surgeon.

The second portion of this essay treats of invagination and prolapsus ani, associated under the general head of “*Chute du Rectum*.” It contains but twenty-seven pages, and the subject appears to be handled with less care than the preceding portion, but we cannot pause to specify instances. A valuable bibliography is affixed.

We have been somewhat free in our strictures in this article, but the intrinsic merit and interest of the work under review is such that it will bear this freedom, and we will therefore indulge in one additional comment upon a species of carelessness so common in the works of French physicians, that we have been almost tempted to regard it as a national trait. When a writer in the *Dictionnaire des Sciences Médicales* once quoted the venerable chief of American surgeons, under the title of M. P. S. *physician*, we excused the mistake as the error of an awkward translator; but what shall be said of a writer who suffers his corrector of proofs to print an English reference thus? “Kirby—on certain severe form of hemorrhoidal excrescens.” *Proh pudor!*

R. C.